

Name in Full

Certificate of Death

Sarah Ann Ashton

Town

County

Died at

Hoopersville Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 24

Age 57. 5. 23

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

7

~~Husband~~

of

Laurence D Ashton

Wife

Father's

Mother's

Name

Lewis Wroten

Maiden Name

Triffina Wroten

Cause of

Primary

Consumption

How long sick

2 years

Death

Immediate

Accident, Suicide, Homicide

Reported by

Laurence D Ashton J.D.

Address

Hoopersville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Fannie Askins

Town

County

MARYLAND

Died at

Cecil

Dorchester

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

June

30

Age

88

md

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

~~Singl~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

old age

Death

Immediate

exhaustion

How long sick

104

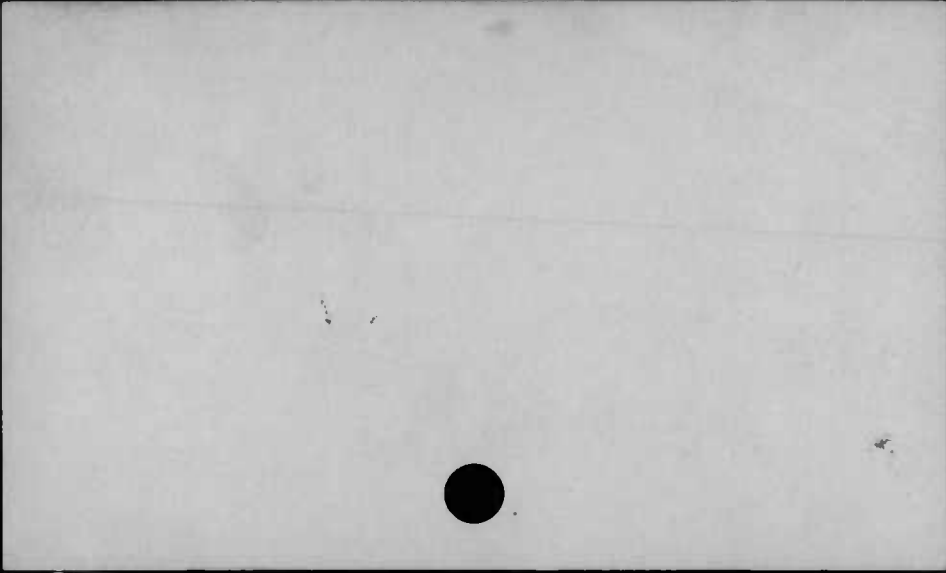
Accident, Suicide, Homicide

Reported by

Address

John Moore
Cecil

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Nicholas M. Bosley

Town

County

Died at

Taylor's Island Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 24

Age

68-9-15

Md.

Farming.

Male

White

Married

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

3

Husband

of

Emily Ann Bosley

~~Wife~~

Father's

Name

Amon Bosley

Maiden Name

Rebecca Marsh

Cause of

Primary

Acute Gastritis

How long sick

12 hours

Death

Immediate

Cardiac Paralysis

~~Accident, Suicide, Homicide~~

Reported by

Dr. J. K. Shriver, Jr.

Address

Taylor's Island Dorchester Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Robt. H. Camper

Died at ^{Town} Hawkeye ^{County} Div.

MARYLAND

Date 189 ¹⁹⁰² ^{Month} 6 - ^{Day} 29 ^{Age} 48 ^{Y.} ^{M.} ^{D.} ^{Native of} Bercheste ^{Occupation} Laborer

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of *Could not learn*
 Wife

Father's Name *Do not know* Mother's Name *Not known*

Cause of *Prigaty* How long sick *5 months*

Death *Immediate Dropsy* *177* Accident, Suicide, Homicide

Reported by *Dr. A. Sayus*

Address *R. H. Monke*
Med

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

L

Mrs Hella Henry

Town

County

MARYLAND

Died at

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

10

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Lizzie Lee Hooper

Town

County

Died at

Hoopersville

Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

June 23

Age

17. 4. 23

Maryland

School girl

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Benjamin T Hooper

Mother's

Maiden Name

Elizabeth Booz

Cause of

Primary

Consumption

How long sick

6 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Laurence D Ashton J.P.

Address

Hoopersville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Sarah C Keyes

Town

County

Died at

Kroyds

MARYLAND

Date 189

1902

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

6

10

Age

75-

Ga. Co

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

5

Wife

of

Thomas Keyes

Father's

Name

Levin Seward

Mother's

Name

Mary Seward

Cause of

Primary

Senile pneumonia

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

S A Stokes

m. b. 93

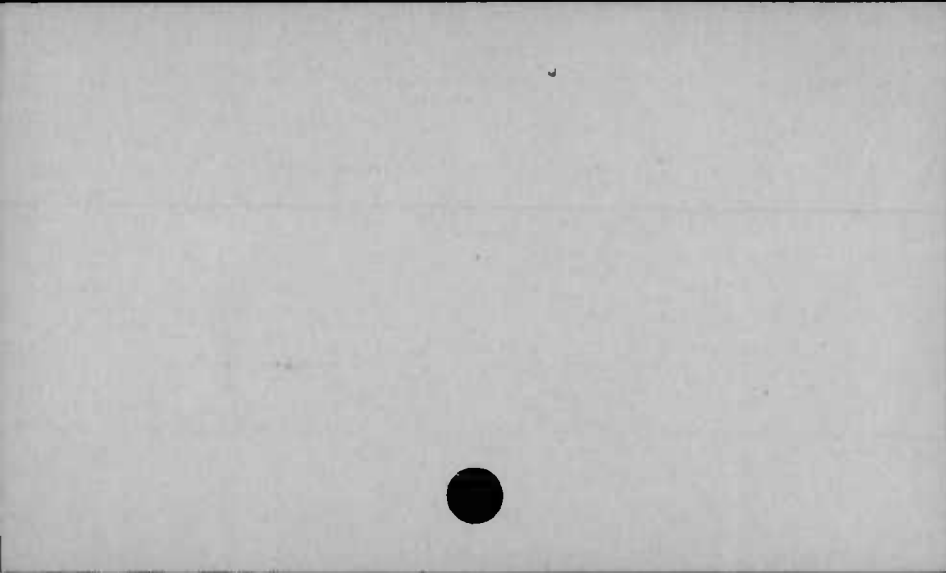
Address

Carmichael

m. b. 93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Thomas^L Keyes

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

6

13

Age

76

So. Co

Farmer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Father's

Name

Thos Keyes

Mother's

Name

Brothy Keyes

Cause of

Primary

Heart disease

How long sick

Death

Immediate

Cerebral embolism

Accident, Suicide, Homicide

Reported by

S A Stokes

M. C.

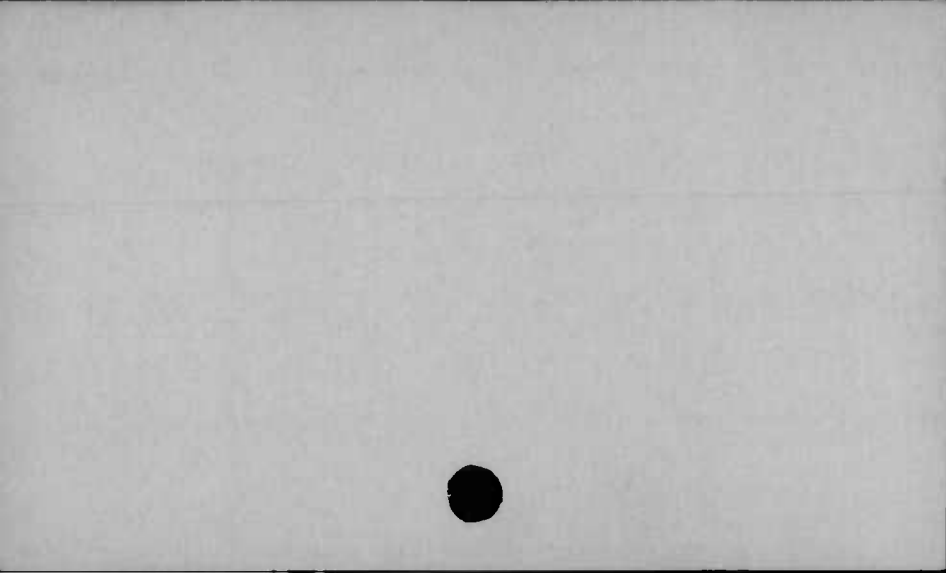
Address

Cornersville

Mich

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Emaline Lane

Town

County

Died at

Madison

Lorchester

MARYLAND

Date 19

02

Month

Day

June 29

Age

Y.

M.

D.

24-8--

Native of

Md

Occupation

Housework

~~Male~~~~White~~~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Myocardial infarction

14

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide,

Reported by

Address

G. M. Lane MD
Church

P. R.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name in Full

Certificate of Death

~~E. M. Morker~~ Elizabeth B. Lee
 Town County

Died at East N. Morker Ber.

MARYLAND

1902 Month 6 Day 6 Y. M. D. Native of Md. Occupation Farmer

Date 189

Age 26

~~Male~~

White

Married

Widow

Divorced

Female

Colored

~~Single~~

Widower

Number of children living 1

Husband of

Isiah Lee

Wife's Name

John Sampson

Mother's Name

Do not know

Cause of

~~Primary~~

How long sick

5 weeks

Death

~~Immediate~~

Typhoid Fever

Accident, Suicide, Homicide

Reported by

Reported by J. M. Morker
 or J. H. Morker

Address

J. M. Morker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 75708



Name in Full

Certificate of Death

Name in Full *Lucy* ✓
 Died at *Camden* Town *Brookland* County
 Date 1902 *Jan 2* Month *Jan* Day *2* Y. *18* M. *5* D. *1* Native of *—* Occupation *—*
 Male *—* White *—* Married *—* Widow *—* Divorced *—*
Female *—* Colored *—* Single *—* Widower *—* Number of children living *—*
 Husband of *—*
 Wife *—*
 Father's Name *Walter Dwyer* Mother's Name *Lillian Jones*
 Cause of Death { Primary *Still born* How long sick *—*
 Immediate *—* Accident, Suicide, Homicide *—*

Reported by *John M. Moch*
 Address *—*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Willardell Allen

Town

County

Died at

Cambridge Dorchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

6 26

Age

8

9

-

Md

Clerical

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

John K Allen (deceased)

Mary E

Cause of

Primary

Tubercular Pleuro-Pneumonia

How long sick

2 weeks

Death

Immediate

Failure of Respiration.

~~Accident, Suicide, Homicide~~

Reported by

Dr E E. Wolff

Address

Cambridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Name in Full *Lillian Ross*
 Town *Cambridge* County *Dorchester* MARYLAND
 Died at *Cambridge*
 Date 19 *22* June 6 Age *7 months* Native of *Dorchester* Occupation *Laborer*
 Male *White* Married *Widow* Divorced *179*
 Female *Colored* Single *Widower* Number of children living
 Husband of *John Ross* Mother's *Levinia Grum*
 Wife *Levinia Grum* Maiden Name
 Father's Name *John Ross*
 Cause of Death { Primary *Nothing* Immediate
 How long sick *6 days*
 Accident, Suicide, Homicide
 Reported by *W. H. Miller & Bro*
 Address *Cambridge Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Quark.

Died at Cambridge Town Dorchester County MARYLAND
 Date 1902 Month June Day 26 Y. 7 M. 7 D. 7 Native of Dorchester Co Occupation _____
 Male White ~~Married~~ Widow ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living _____

Husband of

Wife

Father's Name Wm E. QuarkMother's Maiden Name Eliza G. PrambleCause of Primary Gastro-Enteritis

How long sick

2 weeksDeath Immediate Exhaustion105
Accident, Suicide, HomicideReported by Dr. G. L. Loring

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Gylphia Jane Thomas
 Town Crass County Dorchester

MARYLAND

Died at

Date 19

02

Month

Day

6 14

Age

50

Y.

M.

D.

Native of

Md

Occupation

HousewifeMaleWhiteMarriedWidowDivorced

Female

Colored

SingleWidower

Number of children living

3Widow of

Wife

Father's

Name

Cause of

Death

Primary

Immediate

Abdominal TumorExhaustion

Mother's

Maiden Name

Unknown

How long sick

6 months46
Accident, Suicide, Homicide

Reported by

Address

E. A. P. Jones M. L.CrassMd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Julia Ann Wheatley

Died at ^{Town} Galestown^{County} Dor

MARYLAND

Date 1902 ^{Month} June ^{Day} 19 ^{Y.} 71 ^{M.} ^{D.} Native of Dor Co Occupation Lady

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Ezekiel R. Wheatley

Wife of

Father's Name Elijah Brinsfield

Mother's Name Kate Brinsfield

Cause of Primary Insanity

Death Immediate Diarrhea

How long sick 3 years

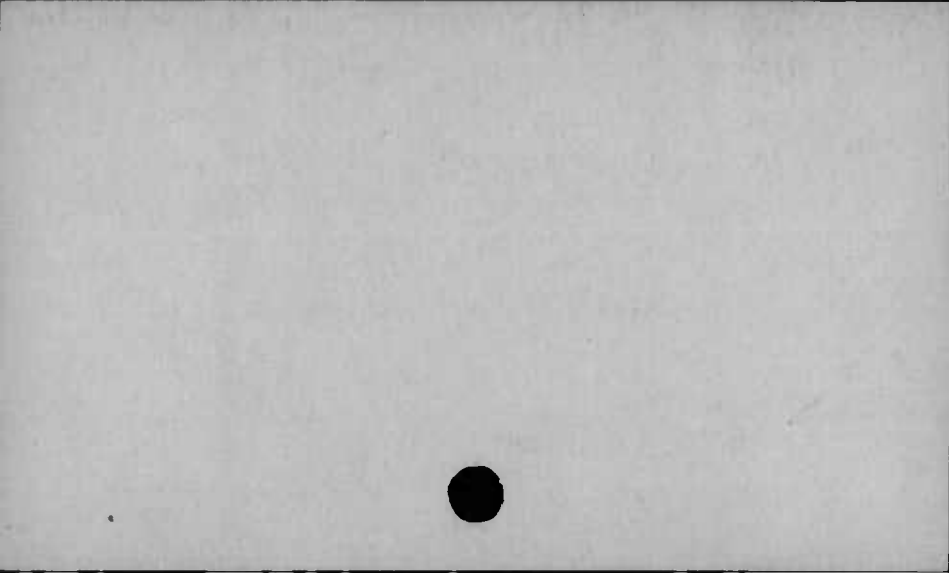
Accident, Suicide, Homicide

Reported by E R Osler

Address Galestown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Thurmon A. Wingate
 Died at ^{Town} Wingate ^{County} Holchester MARYLAND
 Date 1962 Month 6 Day 29 Age 29 Y. 6 M. 29 D. Native of Md Occupation Clerk
 Male White ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband
 of
 Wife

Father's Name Wm T. Wingate Mother's Name Elizabeth Robinson

Cause of Death { Primary Immediate Heart-failure
 How long sick 20 years
~~Accident, Suicide, Homicide~~

Reported by E. A. P. Jones M.D.

Address Craps Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

